CLAIMS ONLY

Application Number	Filing Date
10/680,025	10-803

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13	1					
14		1				
15		1				
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49						
50						
Total Indep	3					
Total Depend	13					
Total Claims	16					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						